

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	THERAPEUTIC USES OF β -CASEIN A ² AND DIETARY SUPPLEMENT CONTAINING β -CASEIN A ²
Attorney Docket Number::	4501-1016
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: JULIE
Middle Name:: HAZEL
Family Name:: CAMPBELL
Name Suffix::
City of Residence:: BROOKFIELD
State or Province of QUEENSLAND
Residence::
Country of Residence:: AUSTRALIA
Street of Mailing 181 SAVAGES ROAD
Address::
City of Mailing Address:: BROOKFIELD
State or Province of Mailing Address:: QUEENSLAND
Country of Mailing Address:: AUSTRALIA
Postal or Zip Code of Mailing Address:: 4069

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: KRISTY
Middle Name:: ANN
Family Name:: TAILFORD
Name Suffix::
City of Residence:: CARSELDINE
State or Province of QUEENSLAND
Residence::
Country of Residence:: AUSTRALIA
Street of Mailing 15 DALWOOD STREET
Address::
City of Mailing Address:: CARSELDINE

State or Province of Mailing Address:: QUEENSLAND
Country of Mailing Address:: AUSTRALIA
Postal or Zip Code of Mailing Address:: 4034

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Deceased Inventor
Given Name:: CORRAN
Middle Name:: NORMAN STUART
Family Name:: MCLACHLAN
Name Suffix::
City of Residence:: DEVONPORT
State or Province of Residence:: AUCKLAND
Country of Residence:: NEW ZEALAND
Street of Mailing Address:: 29 SUMMER STREET
City of Mailing Address:: DEVONPORT
State or Province of Mailing Address:: AUCKLAND
Country of Mailing Address:: NEW ZEALAND
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Legal Representative
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: ULRIKE
Middle Name::
Family Name:: MCLACHLAN
Name Suffix::
City of Residence:: DEVONPORT
State or Province of Residence:: AUCKLAND
Country of Residence:: NEW ZEALAND
Street of Mailing Address:: 29 SUMMER STREET

Address::

City of Mailing Address:: DEVONPORT

State or Province of Mailing Address:: AUCKLAND

Country of Mailing Address:: NEW ZEALAND

Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/NZ2003/000222	10/3/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
NEW ZEALAND	521955	10/4/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::